Youth Sport Coach Application

Completion of this form <u>does not</u> guarantee a Coaching position will be available.

Placement of Coaches will be made by the Parks & Recreation Staff based on the number of Teams registered.

La Mala Y	Address:			
A	City _		Zip	
	Email :			
Email:(Required)				
	Telephone:			
			Ext	
		(Cell)		
Leaguer	(ONE HEAD	OACHES PER AND ONE AS	SISTANT)	
	to be the Head Coac			
,		•	no	
Do you want t	to be an Assistant Co	pach? yes	no	
Who will you a	assist?(vo		otified head coach)	
Childe Name:	· · · · · · · · · · · · · · · · · · ·		,	
Childs Name: _				
		_	Step-Child	
	Other E	xplain:		_
Childs Name:				_
	Son	Daughter	Step-Child	
	Other E	xplain:		-
Do	you have any Coach	ing Experience	e? yes no	
If y	es – where?			_
	you Coach Kids?			

(Please complete the information on the back of this form)

I certify that as a volunteer coach:

- 1. <u>I have no criminal convictions</u>. <u>Failure to complete/pass the background check will result in the loss of Coaching privileges</u>.
- 2. I will place the well-being of my players ahead of my personal desire to win and will lead by example the appropriate reaction to any losses.
- 3. I will do my best to provide a safe playing situation. This includes informing my teams parents/spectators of team expectations regarding appropriate behavior.
- 4. I will lead, by example, in demonstrating fair play and good sportsmanship to all players, officials and coaches.
- 5. I will be sure that I am knowledgeable of the rules of the game and will teach them to my players and their parents. (Copies of rules are avail. on our website)
- 6. I will remember that I am a <u>YOUTH</u> coach and that these games are about the Children and not the adults.

I hereby authorize and request the Greenwood County Parks and Recreation Department, Greenwood, South Carolina to obtain any police records, including the records of arrest, police reports, accident reports and records of convictions including both misdemeanors and felonies, for the purpose of coaching youth sports.

I understand that the giving of this authorization and Release of Information is a condition of volunteering to coach and that any applicant who does not execute this release shall not be allowed to coach a youth team.

In consideration of such disclosure on the part of the above named persons or institutions I hereby release them from all and any liability arising therefrom and do relinquish and waive any claim or right I might have against them arising from such disclosure and copying.

My signature below certifies that all of the information on this application is accurate and that I agree to its terms.

(Signature)	(Date)
Social Security # (required)	

Drivers License # (Copy of License or Picture ID is now required!)